



# STATE OF RHODE ISLAND

## BOARD OF EXAMINATION AND REGISTRATION OF ARCHITECTS

1 Capitol Hill, 3rd Floor  
Providence, RI 02908  
(401) 222-2565 Fax: (401) 222-5744  
www.bdp.state.ri.us

### CONTINUING EDUCATION REPORTING FORM

You have been selected for a random audit of the 24 hours of Continuing Education Units (CEU's), of which 16 hours must be Health, Safety and Welfare (HSW), required to renew your RI Architectural Registration. Your registration will not be renewed until the Rhode Island Board accepts your continuing education. This form must be completed and returned with your renewal application and fee. Attach proof of completion of all continuing education activities/credits.

Name:		Registration Number:
Address:	City:	State: Zip:

FOR THE PERIOD: January 1, 2002	TO: December 31, 2003	Page: of
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Date(s) or Date Range	Sponsoring Organization	Nature of Activity	Location	Speaker/Instructor	CEU's For This Activity	CEU's For HSW
			TOTAL NUMBER OF CEU's DECLARED:			

#### CERTIFICATION:

Under penalty of law, I hereby certify that the declared CEU credits stated herein are correct and that I personally participated and completed those programs in which the credit were earned and that those credits were in fact awarded to me:

Signature	Print Name	Date
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☐ Additional sheet(s) attached:

06/04